



San Bernardino County Department of Public Health- Nutrition Program Food Survival Guide Order Form

Order Date: _____ **Purchase Order No.:** _____

Organization Name: _____

Telephone No. _____ **Fax No.** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Contact Person: _____

If materials need to be shipped to a different address from the above address please complete.

Ship Materials to:

Organization Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Contact Person: _____ **Telephone No.:** _____

| Item | Quantity |
|--|--------------------------|
| Fast Food Survival Guides @ \$1:00 ea Order Number: MDS 0604-900 | |
| Cost of Shipping & Handling | Determined upon shipping |
| Total Amount Due | |

Please send order form to:

Maria Whitaker-Saucedo
Public Health – Nutrition Program
351 N. Mt. View Ave. Room 104
San Bernardino, CA 92415-0010
or call (909) 387-0181, fax (909) 387 – 6899

Please makes checks payable to:

San Bernardino County, Department of Public Health – Nutrition Program –
Sub Program 0604

Please write in blank “Memo” section of check: Subprogram 0604